



Direct Caregiver Application for Electronic Scan Bureau of Health Facilities Regulation

APPLICANT INFORMATION

Name: _____

Last

First

Middle

Address: _____

City: _____ State: _____ Zip: _____

Daytime Contact # _____ Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____ Birthplace: _____ State _____

Month Day Year

Citizenship: _____ Height: _____ Weight: _____

Original TCN (if this is a reprint) _____

Circle Codes That Apply: Sex: Male - **M** Female - **F**

Race: White - **W** Black - **B** Unknown - **U**

Hair Color: Bald - **BAL** ☐ Black - **BLK** ☐ Brown - **BRO** ☐ Gray/Part Gray - **GRY** ☐
Red/Auburn - **RED** ☐ Sandy - **SDY** ☐ White - **WHI** ☐ Blond/Strawberry - **BLN** ☐

Eye Color: Black - **BLK** ☐ Blue - **BLU** ☐ Brown - **BRO** ☐ Gray - **GRY** ☐
Green - **GRN** ☐ Hazel - **HAZ** ☐

EMPLOYER INFORMATION

Organization Name: South Carolina Department of Disabilities and Special Needs, Attn: Pat Hudson

Mailing Address: 3440 Harden Street Extension

City: Columbia State: SC Zip: 29203

Provider/Regional Center requesting the check: _____

***Information to be included in Field 039 on Feed Back document for purpose of sending results**

Applicant (Check Only One): ☐ Full Time Paid Existing Employee ☐ Temporary Paid Existing Employee
☐ Full Time New Hire ☐ Temporary New Hire ☐ Volunteer

Code That Applies:

DDSN - Dept of Disabilities & Special Needs

FEES and CODING INFORMATION

☐ **\$51.50 SCDHEC03Z** – DDSN (Use this ORI code regardless of Facility Type or Employee Type)
☐ **\$45.25 SCDHEC02Z** - VOLUNTEER (For unpaid volunteer regardless of facility type)

Go to <https://www.ibtfingerprint.com/state/?st=sc> or call 1-866-254-2366 to schedule fingerprinting appointments.
Please bring your Driver's License (or other State or Federal issued Photo ID) to your fingerprint appointment.

Instructions
Direct Caregiver Application for Electronic Scan
Bureau of Health Facilities Regulation

Purpose: The purpose of this form is to assist employers and applicants in gathering the necessary information prior to having an electronic fingerprint scan as required by S. C. Code Ann. § 44-7-2910 "CRIMINAL RECORD CHECKS OF DIRECT CARE STAFF."

APPLICANT INFORMATION: Enter name, address, city, state and zip in the appropriate spaces provided. Enter daytime contact phone number, applicant's Social Security Number, date of birth, and birth place in the appropriate spaces provided. Enter the applicant's citizenship (i.e., United States Citizen, or other country). Enter applicant's height and weight in the appropriate space provided.

If the application is for a reprint (rescan), enter the original TCN as provided to you by L-1 Identity Solutions.

CHECK the appropriate code for Sex, Race, Hair Color, and Eye Color.

EMPLOYER INFORMATION: In all cases, this will be DDSN - Attention: Pat Hudson, 3440 Harden Street, Extension, Columbia, SC 29203.

PROVIDER/REGIONAL CENTERS: Please fill in your organization's/center's name and to whom the results should be sent. **If you do not enter this information, there may be delays in returning results to your agency.**

APPLICANT: Check the appropriate block for the applicant as Full Time New or Existing Paid Employee, Temporary New or Existing Paid Employee, or Volunteer. Check only one block.

CODE THAT APPLIES: The code will always be DDSN.

FEES AND CODING: CHECK the appropriate fee and coding information based upon the information that was completed for the applicant and the employer. In all cases this will be SCDHEC03Z for DDSN, or SCDHEC02Z for volunteers. Please check the appropriate box.

Use either the Website or phone number to schedule the appointment.

Bring a copy of the application to IdentoGo by MorphoTrust USA where the applicant has their appointment to be scanned. <https://www.ibtfingerprint.com/state/?st=sc>

OFFICE MECHANICS AND FILING: This is a routine form that is used by the applicant and employer to gather information prior to having an electronic fingerprint scan. This form is for public use and is not retained or required to be sent back to the Department upon completion. The Department does not maintain this completed form at its location. The usefulness of the form is limited to the date and time in which the electronic scan is completed. The person completing the application may retain a copy for their records or destroy it when no longer needed.